

**APPLICATION FOR THE REVIEW OF DISCHARGE OR DISMISSAL
FROM THE ARMED FORCES OF THE UNITED STATES***(Please read attached instructions before completing this form.)**Form Approved
OMB No. 0704-0004
Expires Oct 31, 2000*

The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0004), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS PAGE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1553; E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for a change in the type of military discharge issued to an individual.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security number is strictly to assure proper identification of the individual and appropriate records.

REQUESTING COPIES OF MILITARY RECORDS

Prior to applying for discharge review, potential applicants or their designated representatives may obtain copies of their military personnel records by submitting a Standard Form (SF) 180, Request Pertaining to Military Records, to the National Personnel Records Center (NPRC), 9700 Page Boulevard, St. Louis, MO 63132-5200.

1. DATA PERTAINING TO INDIVIDUAL (APPLICANT) TO BE REVIEWED

a. NAME (Last, First, Middle Initial)			b. SOCIAL SECURITY NUMBER	
c. ADDRESS			d. SERVICE NUMBER (If different from SSN)	
(1) STREET (Include apartment number)				
(2) CITY	(3) STATE	(4) ZIP CODE	e. TELEPHONE NUMBER (Include Area Code)	
f. BRANCH OF ARMED SERVICE (X one)		g. DISCHARGE RECEIVED (X one)		
<input type="checkbox"/> ARMY		<input type="checkbox"/> HONORABLE		
<input type="checkbox"/> NAVY		<input type="checkbox"/> GENERAL/UNDER HONORABLE CONDITIONS		
<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS		
<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> BAD CONDUCT (Special court-martial only) (See Item 1g instructions)		
<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> UNCHARACTERIZED		
h. DATE OF DISCHARGE (YYYYMMDD)		<input type="checkbox"/> OTHER(Explain)		

2. APPEAL FILED IN BEHALF OF INDIVIDUAL TO BE REVIEWED (If the reviewee is deceased or incompetent, complete this section. Appropriate evidence must accompany this form.)

a. RELATIONSHIP OF INDIVIDUAL SUBMITTING THIS APPLICATION TO APPLICANT (X one)		
<input type="checkbox"/> NEXT OF KIN	<input type="checkbox"/> SURVIVING SPOUSE	<input type="checkbox"/> LEGAL REPRESENTATIVE
b. NAME (Last, First, Middle Initial)		

3. BOARD ACTION REQUESTED (X as applicable)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | a. CHANGE DISCHARGE TO HONORABLE |
| <input type="checkbox"/> | b. CHANGE DISCHARGE TO GENERAL/ UNDER HONORABLE CONDITIONS |
| <input type="checkbox"/> | c. CHANGE DISCHARGE TO ENTRY LEVEL SEPARATION OR UNCHARACTERIZED |
| <input type="checkbox"/> | d. CHANGE REASON FOR DISCHARGE TO: |

4. TYPE OF REVIEW REQUESTED (X one)

<input type="checkbox"/>	I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE THE BOARD IN THE WASHINGTON NATIONAL CAPITAL REGION.
<input type="checkbox"/>	I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE A TRAVELING PANEL CLOSEST TO (enter city and state)
<input type="checkbox"/>	CONDUCT A RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME. I AND/OR (counsel/representative) WILL NOT APPEAR BEFORE THE BOARD.

5. I HAVE ARRANGED TO BE REPRESENTED BY AND AUTHORIZE THE RELEASE OF RECORDS TO (Complete if applicable)

a. NAME OF COUNSEL/REPRESENTATIVE (Last, First, Middle Initial)		b. ORGANIZATION	c. TELEPHONE NUMBER (Include Area Code)
d. ADDRESS			
(1) STREET (Include apartment or suite number)	(2) CITY	(3) STATE	(4) ZIP CODE

6. WAIVER OF COUNSEL (X if applicable)

<input type="checkbox"/>	I HAVE READ ITEM 6 OF THE INSTRUCTIONS PERTAINING TO THE AVAILABILITY OF COUNSEL AND ELECT NOT TO BE REPRESENTED BY COUNSEL/ REPRESENTATIVE (Leave Item 5 blank).
--------------------------	--